

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-046337**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **82**

Primary Registration District No. **5309**

Registrar's No. **162**

**FILED JAN 2 1963**

**1. PLACE OF DEATH**

a. COUNTY **Cooper**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Boonville Twsp.**

Length of stay in 1b

**Driving through**

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **On Hiway 70**

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS **3957 Utan**

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First **John**

Middle **Diedrich**

Last **Eilers**

4. DATE OF DEATH  
Month **December** Day **29** Year **1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**Jan. 18, 1940**

9. AGE (last birthday)  
**22**

IF UNDER 1 YEAR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Salesman**

10b. KIND OF BUSINESS OR INDUSTRY  
**???**

11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME  
**John F. Eilers.**

13b. MOTHER'S MAIDEN NAME  
**Elda Stwesser**

14. NAME OF HUSBAND OR WIFE  
**-----**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.  
**-----**

17. INFORMANT  
**John F. Eilers**

Address

**St. Louis, Mo.**

**18. CAUSE OF DEATH** (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Crushed cervical vertebrae  
Probable skull fracture  
Violence  
Auto wreck**

INTERVAL BETWEEN  
ONSET AND DEATH  
**None**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
**Injured in auto wreck**

20c. TIME OF INJURY  
Hour **8:30** a.m. **pm** Month, Day, Year **12 29 62**

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
**Interstate Hwy 70**

20f. CITY, TOWN, OR LOCATION  
**6 miles east Boonville Cooper Mo**

21. I attended the deceased from **no attendance** and last saw her alive on **-----**  
Death occurred at **about 8:30** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE  
**W. DeGraeger**

(Degree or title)

22b. ADDRESS  
**Carroll Boonville Mo**

22c. DATE SIGNED  
**12/29/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE  
**Dec. 29, 1962**

23c. NAME OF CEMETERY OR CREMATORY  
**Mount Zion Hope**

23d. LOCATION (City, town, or county)  
**St. Louis County, Mo.**

24. FUNERAL DIRECTOR  
**Goodman Boller Boonville Mo**

25. DATE RECD. BY LOCAL REG.  
**12-29-62**

26. REGISTRAR'S SIGNATURE  
**W. DeGraeger**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1 **0270**  
2 **2169**  
3 **2**  
4 **0**  
5 **0**  
6  
7 **0**  
8 **2**  
9 **X**  
10  
11 **027**  
12 **91-3**  
13 **1-0**

JAN 7 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.